

Health Insurance Issuers' Response to Coronavirus (COVID-19)

1/21/2021 Updated: The Alabama Department of Insurance is actively engaged with our health insurance industry to ensure appropriate protections are being implemented in response to the spread of the Coronavirus. The Department has compiled the following information from health insurance issuers providing coverage in Alabama. Please click on the links provided for full details regarding the policies of each issuer.

[CVS/Aetna](#)

Will Aetna cover the cost of COVID-19 testing for members?

Aetna is waiving member cost-sharing for diagnostic testing related to COVID-19. This policy covers the cost of a physician-ordered test and the office, clinic or emergency room visit that results in the administration of or order for a COVID-19 test. The test can be done by any approved laboratory. This member cost-sharing waiver applies to all Commercial, Medicare and Medicaid lines of business. The policy also aligns with new Families First legislation and regulations requiring all health plans to provide coverage of COVID-19 testing without cost share. The requirement also applies to self-insured plans. Per guidance from the Centers for Medicare & Medicaid Services (CMS), the Department of Labor and the Department of the Treasury, all Commercial and Medicaid plans must cover serological (antibody) testing with no cost-sharing.

- ✓ **Aetna will cover COVID-19 vaccine administration fees without cost-sharing, for both in- and out-of-network providers, for Commercial and Medicaid members.**

CMS has indicated it will pay for the cost of the vaccine for all Medicare beneficiaries, including those in a Medicare Advantage plan, in 2020 and 2021.

- ✓ For Commercial plans, the cost share waiver for any in-network covered telemedicine visit – regardless of diagnosis – began on the day of the CVS Health press release, March 6, 2020, and ended on June 4, 2020.¹ Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services through January 31, 2021. Aetna self-insured plan sponsors offer this waiver at their discretion.

Cost share waivers for any in-network covered medical and behavioral health services telemedicine visit for Aetna Student Health plans, are extended until January 31, 2021.

For Medicare Advantage plans, Aetna is waiving cost shares for in-network primary care and specialist telehealth visits, including outpatient behavioral and mental health counseling services, through January 31, 2021.

- ✓ Aetna is **offering 90-day maintenance medication prescriptions for insured and Medicare members**. It is also working with state governments to make the same option available to Medicaid members where allowable. Self-funded plan sponsors will also be able to offer this option.
- ✓ Aetna is also **waiving early refill limits on 30-day prescription maintenance medications for all members with pharmacy benefits administered through CVS Caremark**.
- ✓ **Aetna is also offering its Medicare Advantage brief virtual check-in and remote evaluation benefits** to all Aetna Commercial members and waiving the co-pay. These offerings empower members with questions or concerns that are unrelated to a recent office visit and do not need immediate in-person follow-up care to engage with providers without the concern of sitting in a physician's office and risking potential exposure to COVID-19.
- ✓ **CVS Pharmacy is waiving charges for home delivery of prescription medications**. With the CDC [encouraging](#) people at higher risk for COVID-19 complications to stay at home as much as possible, this is a convenient option to avoid coming to the pharmacy for refills or new prescriptions.
- ✓ **Aetna will cover, without cost share, diagnostic (molecular PCR or antigen) tests to determine the need for member treatment**. This applies to direct-to-consumer/home-based diagnostic or antigen tests. Aetna's health plans generally do not cover a test performed at the direction of a member's employer in order to obtain or maintain employment or to perform the member's normal work functions or for return to school or recreational activities, except as required by applicable law.

Aetna will cover, without cost share, serological (antibody) tests that are ordered by a physician or authorized health care professional and are medically necessary. Aetna's health plans do not cover serological (antibody) tests that are for purposes of: return to work or school or for general health surveillance or self-surveillance or self-diagnosis, except as required by applicable law. Refer to the [CDC](#) website for the most recent guidance on antibody testing.

This policy for diagnostic and antibody testing applies to Commercial, Medicare and Medicaid plans.

Blue Cross Blue Shield Alabama

- ✓ Both in-network and out-of-network diagnostic tests for COVID-19 and the related in-person or telehealth visit, emergency room visit, or urgent care visit are covered at 100% during the declared public national emergency. Members are not required to pay for these services.
- ✓ If medically necessary, multiple diagnostic tests for COVID-19 will be covered.
- ✓ **Surveillance testing for returning to school or for workplace screening will not be covered.**
- ✓ **Waiving prior authorizations for diagnostic tests and covered services** that are medically necessary and consistent with CDC guidance for members diagnosed with COVID-19.
- ✓ **At-home testing kit** As required by the Families First Act/CARES Act, COVID-19 at-home tests must be covered at 100% with no member cost sharing if that test has been approved by the FDA, received an Emergency Use Authorization (EUA) or whose manufacturer has the intent to apply for an EUA, AND if the purpose of the test is for diagnosis and/or treatment of COVID-19 and NOT for surveillance purposes (such as testing required by an employer, institution or school).
- ✓ **Antibody Test** antibody tests for COVID-19 testing are covered at 100% with no member cost sharing as required by the **Families First Act/CARES Act**; however, antibody testing does **NOT** indicate if an individual has an active COVID-19 infection. Only a nasal swab test can identify the actual virus and identify a COVID-19 infection. If a member thinks that he or she has a current COVID-19 infection, the member should be tested with a nasal swab test.
- ✓ **100% coverage for in-network COVID-19 related diagnosis** both in-network and out-of-network diagnostic tests for COVID-19 and the related in-person or telehealth visit, emergency room visit, or urgent care visit are covered at 100% during the declared public national emergency. Members are not required to pay for these services.
- ✓ **Increased access to prescription medications** by waiving early medication refill limits on prescriptions and encouraging members to use their 90-day retail or mail order benefit.
- ✓ **Established 24/7 emotional support line with New Directions (833-848-1764).**
- ✓ **Coverage for Blue Advantage(PPO) members** All diagnostic tests for COVID-19, treatments and the related and follow-up in-person or Telehealth visit, emergency room visit, or urgent care visit are covered at 100% with no member out-of-pocket cost. Any medication used to treat COVID-19 will be covered by your plan. Telehealth will be covered regardless of diagnosis. As a reminder, this plan covers mail-order prescription drugs shipped to your home through our mail-order delivery program. You can get a 90-day supply of routine medications for the cost of a 60-day supply. Contact your local pharmacy and ask about home-delivery services.
- ✓ **Coverage for C Plus members** All diagnostic tests for COVID-19, treatments and the related and follow-up in-person or Telehealth visit, emergency room visit, or urgent care visit are covered at 100% with no member out-of-pocket cost. Telehealth will be covered regardless of diagnosis.

- ✓ **Coverage for BlueRx (PDP) members** Any medication used to treat COVID-19 will be covered by your plan. As a reminder, this plan covers mail-order prescription drugs shipped to your home through our mail-order delivery program. You can get a 90-day supply of routine medications for the cost of a 60-day supply. Contact your local pharmacy and ask about home-delivery services.

Bright Health

- ✓ As FDA-authorized vaccines for COVID-19 become available, there will be **no cost to the member** to receive a vaccine. That's because Bright Health will cover the cost of the administration of the vaccine for our members and the vaccine itself will be available to providers at no cost until further notice. If other services are provided during the office visit where you are vaccinated, you may be responsible for those services.
- ✓ **No-cost COVID-19 diagnostic test**-If you have symptoms, COVID-19 diagnostic testing and associated office visits are now covered as preventive care, at no cost to our members, regardless of network. Testing for other purposes, such as return to work or checking one's own antibody levels will not be covered. Please note, mail-order and over-the-counter COVID-19 diagnostic tests do not qualify for reimbursement.
- ✓ **Early medication refills.**
- ✓ **Transportation**- We are making non-emergency transportation available to all members. We are also waiving ride limits for non-emergency visits to and from your doctor.
- ✓ **Telehealth**- All telehealth services (online and virtual care) obtained in connection with doctor-ordered COVID-19 testing and diagnosis are now covered, at no cost to our members.

If you choose to use a telehealth provider other than Doctor on Demand you may be required to pay upfront and submit a claim to be reimbursed by Bright Health. The reimbursement forms are located here for: [Individual and Family](#) or [Medicare](#)

Cigna

- ✓ Cigna covers the cost of approved vaccines without any cost share. The vaccine is currently purchased by the federal government and provided free of cost to individuals. Cigna covers the cost of administering the vaccine at 100% without any out-of-pocket costs when done by any in-network or out-of-network provider.
- ✓ **COVID-19 diagnostic visits:** Cigna is waiving out-of-pocket costs for COVID-19 visits with in-network providers, whether at a provider's office, urgent care center, emergency room, or via virtual care, through October 31, 2020.
- ✓ **COVID-19 testing:** Cigna is waiving out-of-pocket costs for COVID-19 FDA-approved testing. Only a health care provider or hospital can administer the test and send the sample to an approved lab for results.
- ✓ **COVID-19 treatment:** Cigna is waiving out-of-pocket costs for all COVID-19 treatment through October 31, 2020. The treatments that Cigna will cover for COVID-19 are those covered under Medicare or other applicable state regulations. The company will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable.
- ✓ **Virtual Care Visits** If your visit is related to screening, diagnosis, or testing for COVID-19, your out-of-pocket costs will be waived. Check with your doctor to see if they are offering virtual care visits. If not, you can schedule a virtual care appointment by [logging in to myCigna.com](https://mycigna.com)[®] or the myCigna mobile app.

Humana

- ✓ All Food and Drug Administration (FDA)-authorized COVID-19 vaccines will be covered at no additional cost during the public health emergency. Coverage applies no matter where you get the vaccine, including at both in-network and out-of-network providers. It also covers instances in which 2 vaccine doses are required.

While the \$0 cost share applies across Humana's Medicare, Medicaid, and commercial plans, there are some technical differences with how claims are processed:

Humana Medicare Advantage members: Original Medicare is responsible for coverage of COVID-19 vaccinations. Your vaccine provider will submit vaccine-related charges to Medicare and you will not be responsible for those costs.

Humana Medicaid and commercial members: The cost of the vaccine doses will be paid for by the federal government. Humana will cover any cost from vaccine providers for administering the vaccine, and there will be no cost share for members.

- ✓ **For the 2021 plan year, Humana will cover out-of-pocket costs for COVID-19 treatment for all Humana Medicare Advantage medical plan members.** Members will have no copays, deductibles or coinsurance out-of-pocket costs for covered services for treatment of confirmed cases of COVID-19, regardless of where the treatment takes place. This could include telehealth, primary care physician visits, specialty physician visits, facility visits, labs, home-health and ambulance services.
- ✓ Humana is waiving all member out-of-pocket costs associated with COVID-19 diagnostic testing for tests administered by both in- and out-of-network providers.

United Healthcare

To help you access the COVID-19 treatment you need, UnitedHealthcare is extending cost-share waivers for our Individual, Fully-Insured Group Market and Medicare Advantage health plans, as noted below:

- ✓ You will have \$0 cost-share (copayments, deductibles or co-insurance) on FDA-authorized COVID-19 vaccines as noted below, no matter where you get the vaccine and including when 2 doses are required. In fact, you shouldn't receive a bill for the FDA-authorized COVID-19 vaccine.
 - **Plans through your Employer, Individual¹ or Exchange plans:** Members will have \$0 cost-share at both in-network and out-of-network providers through the national public health emergency period.
 - **Medicare plans:** Members will have \$0 cost-share at both in-network and out-of-network providers through Dec. 31, 2021.
 - **For Medicaid members in UnitedHealthcare Community Plans:** Members will have \$0 cost-share for both in-network and out-of-network providers through the national public health emergency period. State variations and regulations may apply during this time. Please review the UnitedHealthcare Community Plan website and your state's site for the latest information. If no state-specific guidance is available, UnitedHealthcare plan guidelines will apply.
- ✓ If you get the COVID-19 vaccine during a regular office visit, your visit will be covered according to your plan benefits.
- ✓ During the national public health emergency period, currently scheduled to end Jan. 20, 2021, you will have \$0 cost-share (copayment, coinsurance or deductible) for medically appropriate COVID-19 testing when ordered by a physician or health care professional for purposes of diagnosis or treatment. Tests must be FDA-authorized to be covered without cost-sharing.
 - This coverage applies to in-network and out-of-network tests for Medicare Advantage, Exchange, Individual and Employer-sponsored health plans. For individuals enrolled in [UnitedHealthcare Community Plans](#), state variations and

regulations may apply during this time. Benefits will be otherwise reviewed in accordance with your health plan.

- ✓ **Individual and Fully-Insured Group Market plans:** You will have \$0 cost-share (copay, coinsurance or deductible) for in-network visits, including telehealth visits, for COVID-19 treatment through Dec. 31, 2020. From Jan. 1, 2021 through Jan. 31, 2021, you will have \$0 cost-share for COVID-19 inpatient treatment at in-network facilities.
- ✓ **Medicare Advantage health plans:** You will have \$0 cost-share (copay, coinsurance and deductible) for in-network and out-of-network visits, including a telehealth visit, for COVID-19 treatment through January 31, 2021.

VIVA Health (Commercial- fully-insured, self-insured)

- ✓ **Testing.** 100% coverage of federally or state-approved lab testing on all VIVA Health plans when medically appropriate. No deductible, copayment, or coinsurance will apply to the lab test or to an in-network office visit, urgent care center visit, or emergency department visit related to COVID-19 testing.

Testing for college students for a return to school/enrollment requirement or for ongoing campus surveillance is covered under a different program, not your VIVA Health plan. Students attending college in Alabama can receive return to school/enrollment testing for free through the GuideSafe program, with 13 testing sites across the state. For more information, visit www.guidesafe.org. College students attending schools outside of Alabama should contact their colleges about their testing programs

- ✓ **Telehealth.** Telehealth is covered at 100% for COVID-related visits and with applicable plan cost-sharing for all other diagnoses. Some employer plans also include telehealth visits through Teladoc or other vendors. Members with this Teladoc coverage through Viva Health can also access this benefit with the plan's applicable copayment.
- ✓ **Treatment.** Treatment for COVID-19 is covered. Members are responsible for their normal cost sharing, including for inpatient admissions. Please check with your employer or call Viva Health's Customer Service with questions about cost sharing. Our hours are 8 a.m. - 5 p.m., Monday - Friday.

Monoclonal antibody treatments are drug infusions used to treat COVID-19 positive individuals who are experiencing mild to moderate illness but who are at high risk for developing severe complications and/or hospitalization. As these FDA-authorized treatments become available, the federal government will pay for the drug initially and Viva Health will pay the cost of administering it, with members responsible for their normal cost-sharing

- ✓ **Vaccine.** The COVID-19 vaccine will be covered at no cost to members when it is available. [Click here](#) for answers to important questions about the vaccine such as who can get it first and where it will be given. Vaccine information will be updated as we know more so please check back for the latest news

VIVA Health (Medicare)

- ✓ **Testing.** 100% coverage of federally or state-approved lab testing for the coronavirus on all plans when medically appropriate. No deductible, copayment, or coinsurance will apply to the lab test or to a related in-network office visit, urgent care center visit, or emergency department visit.
- ✓ **Telehealth.** Members can have telehealth visits from any location with any in-network provider who is providing medically appropriate covered services. Members will not have a copay for telehealth visits with their Primary Care Physician (PCP). Effective January 1, 2021, members will pay the same copay for a telehealth visit with a specialist that they pay for an in-office visit with a specialist
- ✓ **Prescription refills.** On plans that include prescription drug coverage through Viva Health, members can get early refills of their maintenance medications if needed. Members are encouraged to secure a 90-day supply of non-specialty maintenance medications available through most retail pharmacies. Home delivery from our mail-order pharmacy is available on all plans for most medications by contacting CVS/Caremark at 866-788-5146.
- ✓ **Treatment.** If a member requires hospitalization for the treatment of COVID-19, inpatient hospital treatment will be covered at 100% on all Viva Medicare plans through December 31, 2020.

Monoclonal antibody treatments are drug infusions used to treat COVID-19 positive individuals who are experiencing mild to moderate illness but who are at high risk for developing severe complications and/or hospitalization. As these FDA-authorized treatments become available, the federal government will pay for the drug and Original Medicare will pay the cost of administering it

- ✓ **Vaccine.** The COVID-19 vaccine will be covered at no cost to members when it is available. Vaccine providers will bill Original Medicare, not Viva Medicare. [Click here](#) for answers to important questions about the vaccine such as who can get it first and where it will be given. Vaccine information will be updated as we know more, so please check back for the latest news.

Medicare

- ✓ Medicare covers the [lab tests for COVID-19](#). You pay no out-of-pocket costs.
- ✓ Medicare covers [FDA-authorized COVID-19 antibody \(or “serology”\) tests](#) if you were diagnosed with a known current or known prior COVID-19 infection or suspected current or suspected past COVID-19 infection.
- ✓ Medicare covers [monoclonal antibody treatments for COVID-19](#).
- ✓ Medicare covers [COVID-19 vaccines](#). You pay no out-of-pocket costs.
- ✓ Medicare covers all [medically necessary hospitalizations](#). This includes if you're diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay, but instead you need to stay in the hospital under quarantine. You'll still pay for any hospital deductibles, copays, or coinsurances that apply.

Alabama Medicaid

- ✓ No Co-pays for all services including, but not limited to doctor visits, optometric services, certified nurse practitioner visits, health care center visits, rural health clinic visits, inpatient hospital, outpatient hospital, prescription drugs, medical equipment, supplies and appliances, and ambulatory surgical centers. No referrals needed for Early, Periodic, Screening, Diagnosis and Treatment Program (“EPSDT”), Primary Care Provider, or Delivering Health Care Provider.
- ✓ Alabama Coordinated Health Network (“ACHN”) care coordination available to help by phone.
- ✓ Mental Health services available.
- ✓ No cancellation of coverage during emergency unless you move out of state or you request it.
- ✓ Encouraging use of telemedicine.

SEIB

- ✓ There is no copayment for COVID-19 testing or treatment, and our members are eligible for a one-time early refill with a valid prescription.
- ✓ The IRS has recently approved some over the counter medications for purchase with flexible spending accounts – here is the [list of eligible expenses](#). Dependent Care members are able to make changes to your account as a result of daycare closures, please contact the SEIB Enrollments division for guidance.
- ✓ BCBS of Alabama has information available for the members of the SEIB. Please visit the BCBS [website](#) to review this information.
- ✓ SEIB's prescription benefit manager, OptumRx, is closely monitoring the current COVID-19 pandemic. To view your OptumRx profile, you may visit [OptumRx](#), create a personal account and view your prescription information.
- ✓ Teladoc is an excellent and free resource for our members. Members can utilize it as a triage for non-emergency health concerns and the physicians are trained to ask specific questions regarding COVID-19. If necessary, Teladoc physicians will encourage the members to seek COVID-19 testing at a site closest to the member's location. The current demand for Teladoc has increased significantly due to this pandemic, which means wait times to receive a call from a physician have also increased. As a reminder, Teladoc is available for members without a copay. To create an account with Teladoc, visit [Teladoc](#)

Wellfleet- A Berkshire Hathaway Company

- ✓ Wellfleet is waiving out-of-pocket costs for all COVID-19 treatment until further notice. We'll waive all co-pays, deductibles and co-insurance. Similar to a preventative visit, like your annual physical, you'll have no out-of-pocket costs for your treatment. This applies to plans underwritten by Wellfleet Insurance carriers.
- ✓ COVID-19 testing for ISO members will be covered at no cost share, so members will have no out-of-pocket costs for testing regardless of whether the services are provided in or out of network. This will include collection of test and office visit. No prior authorization requirements will apply.
- ✓ We continue to waive requirements for student members who typically need to access care or referrals from student health centers. Members can seek testing or treatment for COVID-19 at any local medical facility – including the emergency room, urgent care, and office visits.

- ✓ Wellfleet has a dedicated Coronavirus hotline to answer any questions you or your student members may have: (833) 343-5338. Hours are Monday – Friday 8:30 AM – 5:00 PM.

Trustmark Insurance Company

- ✓ Coverage for COVID-19 testing and testing-related visits without any cost sharing requirements deductible, copayment, coinsurance) or prior authorization or other medical management requirements.
- ✓ Suspension of prescription fill or refill limitations, waiving charges for home delivery.
- ✓ All telemedicine copays and prior authorization requirements will be waived for visits relating to COVID-19 testing.
- ✓ Once a COVID-19 vaccine is developed and recommended, all costs for the vaccine will be covered.
- ✓ Allowing access to medically necessary care out-of-network where in-network care cannot be provided due to access constraints, for an amount equal to in-network cost-sharing.

PEEHIP

PEEHIP, BCBS, VIVA Health, and Humana have announced a series of steps aimed at protecting our members and reducing the spread of the coronavirus disease, or COVID-19. View expanded benefits here:

- ✓ [BCBS Expanded Coverage and Benefits](#)
- ✓ [VIVA Health Expanded Coverage and Benefits](#)
- ✓ [Humana Coverage and Benefits](#)

American National Insurance Company

- ✓ Deductible, co-pays and coinsurance will be waived on all screening and diagnostic testing related to COVID-19. This also applies to related office visit, urgent care center and emergency room charges incurred to obtain the test.
- ✓ If your plan has prescription coverage, early refill limits will be waived on 30-day prescription maintenance medications.

- ✓ Precertification requirements for COVID-19 related services and inpatient stays are being waived for the next 90 days.
- ✓ Members are encouraged to utilize telemedicine to limit their exposure to COVID-19. Telemedicine services are covered under your plan in the same manner as any other face-to-face visit.

United States Fire Insurance Company

- ✓ Physician-ordered COVID-19 testing and screening will be covered without any deductible / copay/ coinsurance required. All cost-sharing for office, urgent care center, laboratory and emergency room visits will be waived when testing for COVID-19.
- ✓ No preauthorization requirement will apply to COVID-19 testing.
- ✓ Claims will not be denied solely because the medical services sought to be covered are telehealth services. Telehealth services will be treated the same as any other service for eligible benefits in accordance with the terms and conditions of the plan.
- ✓ **For Plans with Networks:** If there is no health care provider in-network with the appropriate training and experience to meet your health care needs, or if there is not a sufficient number of available health care providers to meet your needs, you may utilize the services of an out-of-network provider at the in-network cost-sharing rate.
- ✓ **For Plans with Coverage for Prescription Drugs:** If you are suffering from a health condition that may seriously jeopardize your health, life, or ability to regain maximum function, if you are undergoing a current course of treatment using a non-formulary prescription drug, or if there is a shortage of a formulary drug, expedited formulary exceptions will be made where appropriate. The temporary use of out-of-network pharmacies at the in-network benefit level of coverage will be permitted in the event a shortage of medications occurs at network pharmacies.

American General Life Insurance Company/ The United States Life Insurance Company in the City of New York

- ✓ Waive deductible and coinsurance for services to diagnose or rule out COVID-19, including diagnostic testing, office visits, telemedicine, urgent care visits, emergency room visits and certain COVID-19 preventative measures, including vaccines and antibody testing when they become available. Additionally, once COVID-19 is diagnosed, deductible and coinsurance cost-sharing will be waived for the treatment of COVID-19 and associated respiratory illnesses.

Additional Resources:

[Eli Lilly and Company](#)

In response to the crisis caused by COVID-19, Lilly is introducing the **Lilly Insulin Value Program**, allowing anyone with commercial insurance and those without insurance to fill their monthly prescription of Lilly insulin for \$35. The program is effective today and covers most Lilly insulins.